United States District Court

for the District of Wyoming MS. KAROL D. MAGISTRELLI Plaintiff Civil Action No. Tallahassee FL Police Force Defendant NOTICE OF A LAWSUIT AND REQUEST TO WAIVE SERVICE OF A SUMMONS To: 234 E. 7th Avenue, Tallahassee, FL 32303 (Name of the defendant or - if the defendant is a corporation, partnership, or association - an officer or agent authorized to receive service Why are you getting this? A lawsuit has been filed against you, or the entity you represent, in this court under the number shown above A copy of the complaint is attached. This is not a summons, or an official notice from the court. It is a request that, to avoid expenses, you waive fo service of a summons by signing and returning the enclosed waiver. To avoid these expenses, you must return the si waiver within days (give at least 30 days, or at least 60 days if the defendant is outside any judicial district of the United States) from the date shown below, which is the date this notice was sent. Two copies of the waiver form are enclosed, along a stamped, self-addressed envelope or other prepaid means for returning one copy. You may keep the other copy. What happens next? If you return the signed waiver, I will file it with the court. The action will then proceed as if you had been se on the date the waiver is filed, but no summons will be served on you and you will have 60 days from the date this n is sent (see the date below) to answer the complaint (or 90 days if this notice is sent to you outside any judicial distri the United States). If you do not return the signed waiver within the time indicated, I will arrange to have the summons and comp served on you. And I will ask the court to require you, or the entity you represent, to pay the expenses of making ser Please read the enclosed statement about the duty to avoid unnecessary expenses. I certify that this request is being sent to you on the date below. Date: Signature of the attorney or unrepresented party MS. KAROL D. MAGISTRELLI Printed name PO BOX 2030 Address karolmagistrelli201@gmail.com E-mail address 307-220-4029

UNITED STATES DISTRICT COURT

for the District of Wyoming MS. KAROL D. MAGISTRELLI Plaintiff Civil Action No. Orlando FL Police Force Defendant NOTICE OF A LAWSUIT AND REQUEST TO WAIVE SERVICE OF A SUMMONS To: Orlando FL police Dept, 1250 W. South Street 32805 (Name of the defendant or - if the defendant is a corporation, partnership, or association - an officer or agent authorized to receive service Why are you getting this? A lawsuit has been filed against you, or the entity you represent, in this court under the number shown above A copy of the complaint is attached. This is not a summons, or an official notice from the court. It is a request that, to avoid expenses, you waive fo service of a summons by signing and returning the enclosed waiver. To avoid these expenses, you must return the si waiver within days (give at least 30 days, or at least 60 days if the defendant is outside any judicial district of the United States) from the date shown below, which is the date this notice was sent. Two copies of the waiver form are enclosed, along a stamped, self-addressed envelope or other prepaid means for returning one copy. You may keep the other copy. What happens next? If you return the signed waiver, I will file it with the court. The action will then proceed as if you had been se on the date the waiver is filed, but no summons will be served on you and you will have 60 days from the date this n is sent (see the date below) to answer the complaint (or 90 days if this notice is sent to you outside any judicial distri the United States). If you do not return the signed waiver within the time indicated, I will arrange to have the summons and comp served on you. And I will ask the court to require you, or the entity you represent, to pay the expenses of making ser Please read the enclosed statement about the duty to avoid unnecessary expenses. I certify that this request is being sent to you on the date below. Date: Signature of the attorney or unrepresented party MS. KAROL D. MAGISTRELLI Printed name PO BOX 2030 Address karolmagistrelli201@gmail.com E-mail address 307-220-4029

United States District Court

for the District of Wyoming MS. KAROL D. MAGISTRELLI Plaintiff CHIEF cheyenne, WY police Defendant NOTICE OF A LAWSUIT AND REQUEST TO WAIVE SERVICE OF A SUMMONS To: chief of Cheyenne, WY police Dept, 415 W. 18th Street, Cheyenne, WY 82001 (Name of the defendant or - if the defendant is a corporation, partnership, or association - an officer or agent authorized to receive service Why are you getting this? A lawsuit has been filed against you, or the entity you represent, in this court under the number shown above A copy of the complaint is attached. This is not a summons, or an official notice from the court. It is a request that, to avoid expenses, you waive fo service of a summons by signing and returning the enclosed waiver. To avoid these expenses, you must return the si days (give at least 30 days, or at least 60 days if the defendant is outside any judicial district of the United States) waiver within from the date shown below, which is the date this notice was sent. Two copies of the waiver form are enclosed, along a stamped, self-addressed envelope or other prepaid means for returning one copy. You may keep the other copy. What happens next? If you return the signed waiver, I will file it with the court. The action will then proceed as if you had been se on the date the waiver is filed, but no summons will be served on you and you will have 60 days from the date this n is sent (see the date below) to answer the complaint (or 90 days if this notice is sent to you outside any judicial distri the United States). If you do not return the signed waiver within the time indicated, I will arrange to have the summons and comp served on you. And I will ask the court to require you, or the entity you represent, to pay the expenses of making ser Please read the enclosed statement about the duty to avoid unnecessary expenses. I certify that this request is being sent to you on the date below. Date: Signature of the attorney or unrepresented party Ms. Karol D. Magistrelli Printed name PO Box 2030, Casper, WY 82602 Address karolmagistrelli201@gmail.com E-mail address

> 307-299-4029 Telephone number

United States District Court for the District of Wyoming MS. KAROL D. MAGISTRELLI Plaintiff Civil Action No. CHIEF Sullivan Phoenix, AZ police dept Defendant NOTICE OF A LAWSUIT AND REQUEST TO WAIVE SERVICE OF A SUMMONS To: Chief Sullivan, 620 W washington st, Phoenix AZ 85003 (Name of the defendant or - if the defendant is a corporation, partnership, or association - an officer or agent authorized to receive service Why are you getting this? A lawsuit has been filed against you, or the entity you represent, in this court under the number shown above A copy of the complaint is attached. This is not a summons, or an official notice from the court. It is a request that, to avoid expenses, you waive fo service of a summons by signing and returning the enclosed waiver. To avoid these expenses, you must return the si waiver within days (give at least 30 days, or at least 60 days if the defendant is outside any judicial district of the United States) from the date shown below, which is the date this notice was sent. Two copies of the waiver form are enclosed, along a stamped, self-addressed envelope or other prepaid means for returning one copy. You may keep the other copy. What happens next? If you return the signed waiver, I will file it with the court. The action will then proceed as if you had been se on the date the waiver is filed, but no summons will be served on you and you will have 60 days from the date this n is sent (see the date below) to answer the complaint (or 90 days if this notice is sent to you outside any judicial distri the United States). If you do not return the signed waiver within the time indicated, I will arrange to have the summons and comp served on you. And I will ask the court to require you, or the entity you represent, to pay the expenses of making ser Please read the enclosed statement about the duty to avoid unnecessary expenses. I certify that this request is being sent to you on the date below. Date: Signature of the attorney or unrepresented party Ms. Karol D. Magistrelli Printed name PO Box 2030, Casper, WY 82602 Address karolmagistrelli201@gmail.com E-mail address

> 307-299-4029 Telephone number

Ψì	NITED STATES DIS	TRICT (COURT
	for the		
	District of Wyom	ing	
MS. KAROL D. MAGIS Plaintiff v.		Civil Action	No.
CHIEF JERI WILLIA	AMS)		
Defendant)		
NOTICE OF A LA	AWSUIT AND REQUEST TO	WAIVE SE	RVICE OF A SUMMONS
To: Chief Jeri Williams 620 W. W			
(Name of the defendant or - if the de	efendant is a corporation, partnership, or	r association - a	n officer or agent authorized to receive service
Why are you getting this	s?		
A lawsuit has been filed as A copy of the complaint is attache		resent, in this	s court under the number shown abov
service of a summons by signing a waiver within days (give at leftrom the date shown below, which	and returning the enclosed waive least 30 days, or at least 60 days if the a is the date this notice was sent.	r. To avoid the second of the	that, to avoid expenses, you waive for these expenses, you must return the si- side any judicial district of the United States) of the waiver form are enclosed, along opy. You may keep the other copy.
What happens next?			
on the date the waiver is filed, but	no summons will be served on y	you and you	will then proceed as if you had been so will have 60 days from the date this n sent to you outside any judicial distr
If you do not return the sig served on you. And I will ask the	gned waiver within the time indic court to require you, or the entit	ated, I will a y you represe	rrange to have the summons and compent, to pay the expenses of making ser
Please read the enclosed s	statement about the duty to avoid	unnecessary	expenses.
I certify that this request is	s being sent to you on the date b	elow.	
Date:			
Date.		Signa	ture of the attorney or unrepresented party
			Ms. Karol D. Magistrelli
			Printed name
		P	O Box 2030, Casper, WY 82602
			Address
			karolmagistrelli201@gmail.com
			E-mail address
			307-299-4029

United States District Court
for the
District of Wyoming
MS. KAROL D. MAGISTRELLI
Plaintiff)
v.) Civil Action No.
MR. BARON TRUMP Defendant)
Dejendant
NOTICE OF A LAWSUIT AND REQUEST TO WAIVE SERVICE OF A SUMMONS
To: BARON TRUMP, 1600 Pennsylvania avenue NW, WASHINGTON D.C. 20500
(Name of the defendant or - if the defendant is a corporation, partnership, or association - an officer or agent authorized to receive service
Why are you getting this?
A lawsuit has been filed against you, or the entity you represent, in this court under the number shown about A copy of the complaint is attached.
This is not a summons, or an official notice from the court. It is a request that, to avoid expenses, you waive for a summons by signing and returning the enclosed waiver. To avoid these expenses, you must return the swaiver within days (give at least 30 days, or at least 60 days if the defendant is outside any judicial district of the United States, from the date shown below, which is the date this notice was sent. Two copies of the waiver form are enclosed, along a stamped, self-addressed envelope or other prepaid means for returning one copy. You may keep the other copy.
What happens next?
If you return the signed waiver, I will file it with the court. The action will then proceed as if you had been son the date the waiver is filed, but no summons will be served on you and you will have 60 days from the date this is sent (see the date below) to answer the complaint (or 90 days if this notice is sent to you outside any judicial distributed States).
If you do not return the signed waiver within the time indicated, I will arrange to have the summons and comperved on you. And I will ask the court to require you, or the entity you represent, to pay the expenses of making second
Please read the enclosed statement about the duty to avoid unnecessary expenses.
I certify that this request is being sent to you on the date below.
Date: // 23 - 20 Signature of the attorney or unrepresented party
MS. KAROL D. MAGISTRELLI
Printed name
PO BOX 2030
Address
karolmagistrelli201@gmail.com
E-mail address
307-220-4029
001 220 1020

AO 398 (Rev. 01/09) Notice of a Lawsuit and Request to Waive Service of a Summons

UNITED STATES DISTRICT COURT for the District of Wyoming
MS KAROL D MAGISTRELLI
NOTICE OF A LAWSUIT AND REQUEST TO WAIVE SERVICE OF A SUMMONS
To: 1600 PENNSYLVANIA AVE. NW, WASHINGTON, DC 20500 (Name of the defendant or - if the defendant is a corporation, partnership, or association - an officer or agent authorized to receive services.)
Why are you getting this?
A lawsuit has been filed against you, or the entity you represent, in this court under the number shown abov A copy of the complaint is attached.
This is not a summons, or an official notice from the court. It is a request that, to avoid expenses, you waive for service of a summons by signing and returning the enclosed waiver. To avoid these expenses, you must return the significant waiver within days (give at least 30 days, or at least 60 days if the defendant is outside any judicial district of the United States) from the date shown below, which is the date this notice was sent. Two copies of the waiver form are enclosed, along a stamped, self-addressed envelope or other prepaid means for returning one copy. You may keep the other copy.
What happens next?
If you return the signed waiver, I will file it with the court. The action will then proceed as if you had been seen the date the waiver is filed, but no summons will be served on you and you will have 60 days from the date this new seent (see the date below) to answer the complaint (or 90 days if this notice is sent to you outside any judicial distributed States).
If you do not return the signed waiver within the time indicated, I will arrange to have the summons and compserved on you. And I will ask the court to require you, or the entity you represent, to pay the expenses of making ser
Please read the enclosed statement about the duty to avoid unnecessary expenses.
I certify that this request is being sent to you on the date below. Date: // 32 - 32 Signature of the attorney or unrepresented party MS. KAROL MAGISTRELLI
Printed name
PO BOX 2030
Address
karolmagistrelli201@gmail.com E-mail address

307-220-4029 Telephone number

AO 398 (Rev. 01/09) Notice of a Lawsuit at	de Request to waive Service of a Summons
Ţ	JNITED STATES DISTRICT COURT
	for the District of Wyoming
MS. KAROL D. MAG Plaintiff v. NANCY PELO Defendant) Civil Action No.
NOTICE OF A I	AWSUIT AND REQUEST TO WAIVE SERVICE OF A SUMMONS
To: 1236 Longworth HOB, Was	shington DC, 20515 defendant is a corporation, partnership, or association - an officer or agent authorized to receive service
Why are you getting th	nis?
A lawsuit has been filed A copy of the complaint is attack	against you, or the entity you represent, in this court under the number shown above
service of a summons by signing waiver within days (give at from the date shown below, which	or an official notice from the court. It is a request that, to avoid expenses, you waive for and returning the enclosed waiver. To avoid these expenses, you must return the sit least 30 days, or at least 60 days if the defendant is outside any judicial district of the United States) this the date this notice was sent. Two copies of the waiver form are enclosed, along ope or other prepaid means for returning one copy. You may keep the other copy.
What happens next?	
on the date the waiver is filed, bu	waiver, I will file it with the court. The action will then proceed as if you had been sent no summons will be served on you and you will have 60 days from the date this newer the complaint (or 90 days if this notice is sent to you outside any judicial distribution).
	igned waiver within the time indicated, I will arrange to have the summons and compe court to require you, or the entity you represent, to pay the expenses of making ser
Please read the enclosed	statement about the duty to avoid unnecessary expenses.
I certify that this request	is being sent to you on the date below.
Date: // 23-22	Signature of the atterney or unrepresented party
	MS. KAROL D. MAGISTRELLI Printed name
	PO BOX 2030
	Address
	karolmagistrelli201@gmail.com E-mail address

307-220-4029 Telephone number